

8510008690

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FLORIDA UNIFORM TRAFFIC CITATION

CHECK
DIGIT

COUNTY OF		<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE)		AGENCY NAME	
		AGENCY #	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
DAY OF WEEK		MONTH	
DAY		YEAR	
		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
NAME (PRINT) FIRST		MIDDLE LAST	
STREET IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE			
CITY		STATE ZIP CODE	
TELEPHONE NUMBER		DATE OF BIRTH MO DAY YR RACE SEX HGT	
DRIVER LICENSE NUMBER		STATE CLASS CDL LICENSE YR. LICENSE EXP. COMMERCIAL VEHICLE	
YR. VEHICLE MAKE		STYLE COLOR	
VEHICLE LICENSE NO.		TRAILER TAG NO. STATE YEAR TAG EXPIRES > 16 PASSENGERS	
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY		MOTORCYCLE	
		COMPANION CITATION NUMBER(S)	
FT. _____ MILES _____		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF NODE _____	
DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.			

<input type="checkbox"/> UNLAWFUL SPEED _____ MPH SPEED APPLICABLE _____ MPH	
<input type="checkbox"/> INTERSTATE <input type="checkbox"/> 4-LANE HWY WITH 20 FT. MEDIAN OUTSIDE BUS. OR RES. DIST.)	
<input type="checkbox"/> CARELESS DRIVING	<input type="checkbox"/> CHILD RESTRAINT
<input type="checkbox"/> VIOLATION OF TRAFFIC CONTROL DEVICE	<input type="checkbox"/> SAFETY BELT VIOLATION
<input type="checkbox"/> FAILURE TO STOP AT A TRAFFIC SIGNAL	<input type="checkbox"/> IMPROPER OR UNSAFE EQUIPMENT
<input type="checkbox"/> IMPROPER LANE CHANGE OR COURSE	<input type="checkbox"/> EXPIRED TAG ≤ SIX (6) MONTHS
<input type="checkbox"/> NO PROOF OF INSURANCE	<input type="checkbox"/> EXPIRED TAG > SIX (6) MONTHS
<input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY	<input type="checkbox"/> DRIVING UNDER THE INFLUENCE
<input type="checkbox"/> IMPROPER PASSING	<input type="checkbox"/> BAL _____
<input type="checkbox"/> EXPIRED DRIVER LICENSE	
<input type="checkbox"/> > SIX (6) MONTHS	
<input type="checkbox"/> NO VALID DRIVER LICENSE	
<input type="checkbox"/> DRIVING WHILE LICENSE	
SUSPENDED OR REVOKED	

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:

<input type="checkbox"/> AGGRESSIVE DRIVING	IN VIOLATION OF STATE STATUTE	SECTION	SUB-SECTION
CRASH	PROPERTY DAMAGE	INJURY TO ANOTHER	SERIOUS BODILY INJURY TO ANOTHER
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.			
<input type="checkbox"/> INFRACTION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.			
<input type="checkbox"/> INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.			

CIVIL PENALTY IS \$ _____

CHECK
DIGIT

COURT INFORMATION	DATE	TIME
COURT		
LOCATION		

ARREST DELIVERED TO _____ DATE _____
I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN
THIS CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY
ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES APPEARANCE IN COURT)

RANK - SIGNATURE OF OFFICER _____ BADGE NO. _____ ID. NO. _____ TROOP UNIT _____
I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE
MSMV 75901 (Rev. 9/10)

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FLORIDA UNIFORM TRAFFIC CITATION

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COUNTY OF		<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER	
CITY (IF APPLICABLE)		AGENCY NAME	
		AGENCY #	
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON		SUMMONS (VIOLATOR'S COPY)	
DAY OF WEEK	MONTH	DAY	YEAR
		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
NAME (PRINT) FIRST		MIDDLE	LAST
STREET			
IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE			
CITY		STATE	ZIP CODE
TELEPHONE NUMBER	DATE OF BIRTH	MO	DAY
	YR	RACE	SEX
	HGT		
DRIVER LICENSE NUMBER	STATE	CLASS	CDL LICENSE
			<input type="checkbox"/> YES <input type="checkbox"/> NO
YR. VEHICLE	MAKE	STYLE	COLOR
VEHICLE LICENSE NO.		TRAILER TAG NO.	STATE
		YEAR TAG EXPIRES	> 16 PASSENGERS
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY		MOTORCYCLE	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		COMPANION CITATION NUMBER(S)	
FT. _____ MILES _____		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	
		OF NODE _____	
DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.			

<input type="checkbox"/> UNLAWFUL SPEED _____ MPH	<input type="checkbox"/> MPH SPEED APPLICABLE _____ MPH
<input type="checkbox"/> INTERSTATE <input type="checkbox"/> 4-LANE HWY WITH 20 FT. MEDIAN OUTSIDE BUS. OR RES. DIST.)	
<input type="checkbox"/> CARELESS DRIVING	<input type="checkbox"/> CHILD RESTRAINT
<input type="checkbox"/> VIOLATION OF TRAFFIC CONTROL DEVICE	<input type="checkbox"/> SAFETY BELT VIOLATION
<input type="checkbox"/> FAILURE TO STOP AT A TRAFFIC SIGNAL	<input type="checkbox"/> IMPROPER OR UNSAFE EQUIPMENT
<input type="checkbox"/> IMPROPER LANE CHANGE OR COURSE	<input type="checkbox"/> EXPIRED TAG ≤ SIX (6) MONTHS
<input type="checkbox"/> NO PROOF OF INSURANCE	<input type="checkbox"/> EXPIRED TAG > SIX (6) MONTHS
<input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY	<input type="checkbox"/> DRIVING UNDER THE INFLUENCE
<input type="checkbox"/> IMPROPER PASSING	<input type="checkbox"/> BAL _____
<input type="checkbox"/> EXPIRED DRIVER LICENSE	<input type="checkbox"/> > SIX (6) MONTHS
<input type="checkbox"/> NO VALID DRIVER LICENSE	<input type="checkbox"/> DRIVING WHILE LICENSE
<input type="checkbox"/> SUSPENDED OR REVOKED	

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:

<input type="checkbox"/> AGGRESSIVE DRIVING	IN VIOLATION OF STATE STATUTE	SECTION	SUB-SECTION
CRASH	PROPERTY DAMAGE	INJURY TO ANOTHER	SERIOUS BODILY INJURY TO ANOTHER
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
FATAL		<input type="checkbox"/> YES <input type="checkbox"/> NO	

<input type="checkbox"/> CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.
<input type="checkbox"/> INFRACTION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.
<input type="checkbox"/> INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.

CHECK
DIGIT

CIVIL PENALTY IS \$ _____

COURT INFORMATION	DATE	TIME
COURT		
LOCATION		

ARREST DELIVERED TO _____ DATE _____

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES APPEARANCE IN COURT)

RANK - SIGNATURE OF OFFICER	BADGE NO.	ID. NO.	TROOP UNIT
I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE			
MSMV 75901 (Rev. 9/10)			

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FLORIDA UNIFORM TRAFFIC CITATION

CHECK
DIGIT

COUNTY OF	<input type="checkbox"/> (1) F.H.P. <input type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER		
CITY (IF APPLICABLE)	AGENCY NAME _____		
AGENCY # _____			
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON			
DAY OF WEEK	MONTH	DAY	YEAR
			<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
NAME (PRINT) FIRST	MIDDLE	LAST	
STREET			
IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE			
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER	DATE OF BIRTH MO	DAY	YR RACE SEX HGT
DRIVER LICENSE NUMBER	STATE	CLASS	CDL LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO
YR. VEHICLE	MAKE	STYLE	COLOR
VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE	YEAR TAG EXPIRES
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY			MOTORCYCLE <input type="checkbox"/> YES <input type="checkbox"/> NO
			COMPANION CITATION NUMBER(S)
FT. _____	MILES _____	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	OF NODE _____
DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION.			

<input type="checkbox"/> UNLAWFUL SPEED _____ MPH	<input type="checkbox"/> MPH SPEED APPLICABLE _____ MPH	
(<input type="checkbox"/> INTERSTATE <input type="checkbox"/> 4-LANE HWY WITH 20 FT. MEDIAN OUTSIDE BUS. OR RES. DIST.)		
<input type="checkbox"/> CARELESS DRIVING	<input type="checkbox"/> CHILD RESTRAINT	<input type="checkbox"/> EXPIRED DRIVER LICENSE
<input type="checkbox"/> VIOLATION OF TRAFFIC CONTROL DEVICE	<input type="checkbox"/> SAFETY BELT VIOLATION	<input type="checkbox"/> > SIX (6) MONTHS
<input type="checkbox"/> FAILURE TO STOP AT A TRAFFIC SIGNAL	<input type="checkbox"/> IMPROPER OR UNSAFE EQUIPMENT	<input type="checkbox"/> NO VALID DRIVER LICENSE
<input type="checkbox"/> IMPROPER LANE CHANGE OR COURSE	<input type="checkbox"/> EXPIRED TAG ≤ SIX (6) MONTHS	<input type="checkbox"/> DRIVING WHILE LICENSE
<input type="checkbox"/> NO PROOF OF INSURANCE	<input type="checkbox"/> EXPIRED TAG > SIX (6) MONTHS	SUSPENDED OR REVOKED
<input type="checkbox"/> VIOLATION OF RIGHT-OF-WAY	<input type="checkbox"/> DRIVING UNDER THE INFLUENCE	
<input type="checkbox"/> IMPROPER PASSING	BAL _____	

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:

<input type="checkbox"/> AGGRESSIVE DRIVING	IN VIOLATION OF STATE STATUTE	SECTION	SUB-SECTION
CRASH <input type="checkbox"/> YES <input type="checkbox"/> NO	PROPERTY DAMAGE <input type="checkbox"/> YES \$ _____ <input type="checkbox"/> NO	INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	SERIOUS BODILY INJURY TO ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO
		FATAL <input type="checkbox"/> YES <input type="checkbox"/> NO	

- ☐ CRIMINAL VIOLATION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.
- ☐ INFRACTION. COURT APPEARANCE REQUIRED. AS INDICATED BELOW.
- ☐ INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT.

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DIGIT

CIVIL PENALTY IS \$ _____

COURT INFORMATION	DATE	TIME
COURT		
LOCATION		

ARREST DELIVERED TO _____ DATE _____

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE FACILITY ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

X SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES APPEARANCE IN COURT)

RANK - SIGNATURE OF OFFICER _____ BADGE NO. _____ ID. NO. _____ TROOP UNIT _____

☐ I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE

HSMV 75901 (Rev. 9/10)

COMPLAINT

WHEN PRESENTED TO VIOLATOR, THE FOLLOWING AMOUNT WAS ENTERED.
PAY A CIVIL PENALTY IN THE AMOUNT OF \$ _____.

CASE NO. _____ DOCKET NO. _____ PAGE NO. _____

DATE	COURT ACTION AND OTHER ORDERS
	BAIL FIXED AT \$ _____ OR CASH DEPOSIT OF \$ _____ SIGNATURE OF PERSON GIVING BAIL _____ SIGNATURE OF PERSON TAKING BAIL _____
	FINE IN THE AMOUNT OF \$ _____ RECEIVED AS REQUIRED BY COURT SCHEDULE. _____ SIGNATURE OF CLERK _____
	CONTINUANCE TO _____ REASON _____
	CONTINUANCE TO _____ REASON _____
	BOND ESTREATED _____
	WARRANT ISSUED _____
	VIOLATOR FAILED TO APPEAR-DRIVER LICENSE SUSPENDED
	VIOLATOR ARRAIGNED ON _____ (DATE) PLEA: _____ FINDING: _____ ADJUDICATION: _____ SENTENCE: FINE _____ COST _____ JAILED _____ DAYS DRIVER IMPROVEMENT SCHOOL _____ OTHER _____ DRIVER LICENSE SUSPENDED OR REVOKED FOR _____ DAYS RECOMMEND DRIVER LICENSE SUSPENSION FOR _____ DAYS RECOMMEND RE-TEST _____ SIGNATURE OF JUDGE _____
	TESTIMONY - JUDGE'S NOTES (OR OTHER COURT ORDERS):
	APPEAL BOND OF \$ _____
	VIOLATOR'S FINGERPRINT WHEN APPLICABLE →

IMPORTANT INSTRUCTIONS REGARDING A NON-CRIMINAL TRAFFIC INFRACTION NOT REQUIRING A COURT APPEARANCE

If you were charged with a civil infraction, you must complete one of the following options **within 30 calendar days** of the date of this citation. If you fail to comply **within 30 calendar days**, your driving privilege will be suspended until you comply. You will then be subject to additional penalties. Please see the front of the citation for the contact information for the Clerk of Court in the county where this violation occurred.

Option 1: You may pay the civil penalty listed on the front of this citation to the Clerk of Court. You must enclose this citation if you mail payment, which may be a money order or a cashier's check. The clerk _____ does _____ does not accept personal checks. Payment of the civil penalty is considered a conviction and points will be assessed, if applicable. You **will** be required to complete a driver improvement course if you are convicted of running a red light or passing a school bus. Your driving privilege will be suspended if you are convicted of not providing proof of insurance. Accumulation of points may increase the cost of your insurance.

Option 2: If you were cited for expired driver license, failure to display a valid driver license, expired tag, failure to possess a valid registration, or no proof of insurance, you may show proof to the Clerk of Court that you had a valid driver license, tag/registration, or insurance, whichever is applicable, at the time of the offense. The charge will be dismissed upon payment of a dismissal fee.

Option 3: If you were cited for driver license expired 6 months or less, expired tag 6 months or less, failure to display a valid driver license, failure to possess a valid registration, no proof of insurance, or driving while license suspended [see s. 322.34(10)(a), F.S.], you may elect to show proof of compliance to the Clerk of Court in the form of a valid driver license, registration, or proof of insurance, whichever is applicable. You may make only one such election per year and no more than three such elections in your lifetime. You must pay court costs and adjudication will be withheld.

Option 4: If you **do not** hold a commercial driver license, you may be eligible to elect to complete a Florida driver improvement course. You must contact the Clerk of Court to make this election. You may make only one such election per year and no more than five elections in your lifetime. Please visit www.flhsmv.gov for a list of approved courses and to determine your eligibility for this election. Adjudication will be withheld and points will not be assessed. You must pay a civil penalty and court costs. This option is not available for certain traffic offenses, including driver license, tag, and registration violations. Completion of a driver improvement course is required if you are cited for running a red light/traffic control device, even if you do not make this election.

Option 5: You may elect a court hearing by contacting the Clerk of Court. If you request a hearing and the County Judge/Magistrate/Hearing Officer determines that you have committed the offense, the County Judge/Magistrate/Hearing Officer may impose a penalty of up to \$500 (or \$1,000 if a fatality occurred) and/or require completion of a driver improvement course. Points may be assessed. If it is determined that no infraction has been committed, no cost or penalties shall be imposed.

Option 6: If you were cited with a non-criminal violation of operating a motor vehicle in an unsafe condition (s. 316.610 F.S.) or not properly equipped (s. 316.610, F.S. or s. 316.2935, F.S.), you may have the defect corrected, then contact your local county or city law enforcement agency to have the correction certified below. You must pay the local law enforcement agency \$ _____ for this service. You may then mail or present this affidavit of compliance along with \$ _____ to the Clerk of Court within 30 calendar days of the date of this citation. No points will be assessed. This option does not apply to a commercial motor vehicle or a transit bus owned by a governmental entity.

FAULTY EQUIPMENT AFFIDAVIT OF COMPLIANCE

(Law Enforcement Use Only)

I certify that the defective equipment described herein has been corrected and complies with the requirements of the Florida traffic laws.

DATE: _____ ASSIGNED DHSMV AGENCY #: _____

Signed: _____

(Name, Title, ID#)

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REPORT OF ACTION ON CASE**VIOLATIONS BUREAU:**

Date _____

Amt. of Fine Paid \$ _____ Costs \$ _____

COURT ACTION:

Date _____ Plea _____

Disposition _____

Amt. of Fine Paid \$ _____ Costs \$ _____

License Action _____

OFFICER'S NOTES FOR TESTIFYING IN COURT:

PLEASE NOTE FACTS AND CIRCUMSTANCES IN ADDITION TO THOSE CHECKED ON FACE OF COMPLAINT - THAT IS: 1. ANY SPECIFIC ACTION OF VIOLATOR WHICH INCREASED THE HAZARD OF THE VIOLATION; 2. WHERE VIOLATION OBSERVED AND CONTACT MADE; 3. TOTAL DISTANCE TRAVELED DURING PURSUIT; 4. STATEMENTS BY VIOLATOR AND GENERAL ATTITUDE; AND 5. PLACE OF EMPLOYMENT.

SLIPPERY PAVEMENT	<input type="checkbox"/> Wet <input type="checkbox"/> Rain	CAUSED PERSON	CRASH? <input type="checkbox"/> PD <input type="checkbox"/> Yes <input type="checkbox"/> PI	HIGHWAY TYPE <input type="checkbox"/> 2 Lane <input type="checkbox"/> 3 Lane <input type="checkbox"/> 4 Lane <input type="checkbox"/> 4 Lane Divided
DARKNESS	<input type="checkbox"/> Night <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Unlighted	TO DODGE <input type="checkbox"/> Driver <input type="checkbox"/> Pedestrian	<input type="checkbox"/> No <input type="checkbox"/> Fatal <input type="checkbox"/> Ped. <input type="checkbox"/> Vehicle <input type="checkbox"/> Hit fixed Object	AREA: <input type="checkbox"/> Rural <input type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Industrial <input type="checkbox"/> Business
OTHER TRAFFIC PRESENT	<input type="checkbox"/> Cross <input type="checkbox"/> Oncoming <input type="checkbox"/> Pedestrian <input type="checkbox"/> Same Direction	JUST MISSED CRASH BY APPROX. _____ FT.	<input type="checkbox"/> Right Angle <input type="checkbox"/> Head On <input type="checkbox"/> Side Swipe <input type="checkbox"/> Rear End <input type="checkbox"/> Ran off Roadway <input type="checkbox"/> Intersection	

WITNESSES: _____

VEHICLE DEFECTS

Service Brake _____

Parking Brake _____

Headlights _____

Tail Lights _____

Stop Lights _____

Windshield Wiper _____

Horn _____

Tires _____

Other _____